

**Congressman Tom Osborne
GRANT APPLICATION LETTER OF SUPPORT REQUEST FORM**

**Please fax completed form at least 2 weeks prior to submission deadline to
308.345.3329.**

1. Applicant's contact information.	
Name of Applicant:	
Address	
City, ST, Zip	
Phone	
FAX	
2. To what agency or organization are you applying?	
Name of Agency or Organization:	
Address	
City, ST, Zip	
Phone	
FAX	
3. To whom should the letter of support be addressed? For example, the Undersecretary or Administrator of an agency or department.	
4. How much in grant funding are you requesting?	
\$	
5. Who will be making the funding decision? For example, the initial review will be conducted by a state office with the Washington, D.C. office conducting the final review.	
6. What is the project designed to do?	
7. Who will the project serve? For example, this project will directly benefit the applicant, but will also indirectly benefit 250 clients and customers through enhanced marketing services and newer technology.	
8. What is the deadline for submitting the application?	
9. By what date do you need the letter of support? Please remember that two weeks advance notice is suggested.	
10. On a separate page, please describe your project in detail. (maximum one page) A copy of the application does not need to be submitted.	